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A Manager's Mini Toolkit of Suicide Prevention Resources

For more information contact <u>DMH Clinical Risk Management</u>. 213-637-4588

This mini-toolkit is intended to be a collection of resources to equip managers and staff with the latest information on suicide prevention. It is not intended to be training or an exhaustive list and is presented for information only.

The Clinical Resource Information section, includes critical points for when and how to evaluate suicide risk adapted from the <u>Assessment and Management of Suicide Risk</u> (AMSR) Training manual.

Attachment 1 is an explanation of the Safety Planning intervention from the <u>National Suicide</u> <u>Prevention Lifeline</u> based on the template developed by Barbara Brown and Gregory L. Brown. Attachment 2 is the related Safety Planning template.

- Suicide Prevention Resource Center. SPRC.org Provides Suicide Prevention basics, News and events, Best Practices, training materials, library and resources. You can sign up for the Weekly Spark to receive the latest worldwide research and news on suicide prevention.
- 2. <u>SOSA Survivors of Suicide Attempts Support Group</u> run by Didi Hirsch who will coordinate treatment with DMH. Contact 310-895-2347 See attachment 1 for the flyer.
- 3. <u>Survivors After Suicide Bereavement Support Groups</u> for families/friends of those who died by suicide. Didi Hirsh Contact: (310) 895-2326. Groups are held in the following areas:
 - West Los Angeles (Culver City)
 - San Fernando Valley (Sherman Oaks)
 - South Bay (Redondo Beach)
 - San Gabriel Valley (San Gabriel)
 - Orange County
- 4. <u>Clinician Survivors Support Information</u> Support provided to clinicians from clinicians who have had clients die by suicide. http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm
- 5. <u>Training in Suicide Prevention</u> DMH offer Suicide Prevention Training for clinicians and the community. The DMH Partners in Suicide Prevention Team also provides provide awareness and education. Contact <u>Carol Sagusti</u>, 213-738-2322, for more information. Three available offerings include:

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ASIST- Applied Suicide Intervention Skills Training
Recommended for all levels of staff.
 Explores staff attitudes toward suicide, provision of hope, and the significance of prior attempts. Participants learn to intervene and help prevent the imminent risk of suicide. 2-day session, scheduled regularly

AMSR Assessment and Management Of Suicide Risk for Clinicians
 Focuses on 24 core competencies which cover the assessment, management, and
 treatment of suicidal clients to protect their lives and promote well-being. 1-day
 session.

Clinical Resource Information

I. <u>Critical points of when and what to gather information for Suicide Risk Assessment</u> taken from the <u>Assessment and Management of Suicide Risk (AMSR)</u> training manual and the safety planning intervention adapted from the <u>National Suicide Prevention LIFELINE</u> <u>and Barbara Stanley and Gregory K. Brown</u> are presented for information only.

A. Critical points of when to gather information for Suicide Risk Assessment:

- 1. First clinical encounter-early in the first visit, standard approach.
 - a. Primary focus if person has past suicide attempts and/or current suicidal thoughts
- 2. New or intensified identifiable stressor
 - a. Especially a stressor involving loss of dignity or self-respect, stressor that triggered previous suicidal behavior
- 3. Change in clinical presentation or mental status
 - a. Increased substance abuse, decreased hope for recovery, agitation, withdrawal, unexplained improvement in affect
- 4. Care transition
 - a. Change in professional caregiver, treatment setting, treatment approach, quality
 of relationships with TX team or other clients. An example is upon discharge from
 a hospital.

B. <u>Critical points of what information to gather for Suicide Risk Assessment:</u>

- 1. Background factors that increase vulnerability
 - a. Long-term risk factors, impulsivity/self-control ex. substance use, past suicidal behavior
- 2. Suicide Ideation, intent, plans, and behaviors, including preparatory behaviors, recent/present suicidal ideation, behavior
- 3. Dynamic Factors that can change or intensify rapidly, contributing to acute risk
 - a. identifiable stressors, precipitants, clinical presentation,
- 4. Engagement and reliability factors which effects the client's ability/willingness to report accurately

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Attachment 1

<u>Safety Planning- Taken from the National Suicide Prevention LIFELINE and</u> Barbara Stanley and Gregory K. Brown

How can a Safety Plan Help? Suicidal thoughts can seem like they will last forever — but for many, these thoughts and feelings pass. Having a plan in place that can help guide you through difficult moments can make a difference and keep you safe. Ideally, such a plan is developed jointly with your counselor or therapist. It can also be developed with a Lifeline counselor who can help you write down actions to take and people to contact in order to feel safe from suicide. In general, a safety plan is designed so that you can start at step one and continue through the steps until you feel safe. You should keep your plan in a place where you can easily access it (your wallet or cell phone) when you have thoughts of hurting yourself.

A. The following are essential elements to explore and include in the development of your safety plan:* Adapted from the Safety Plan Template developed by Barbara Stanley and Gregory K. Brown – see <u>Safety Plan</u>

<u>Template</u>

- 1. **Recognize warning signs:** What sorts of thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words.
- 2. **Use your own coping strategies without contacting another person:** What are some things that you can do on your own to help you not act on thoughts/urges to harm yourself?
- 3. Socialize with others who may offer support as well as distraction from the crisis: Make a list of people (with phone numbers) and social settings that may help take your mind off things.
- 4. Contact family members or friends who may help to resolve a crisis: Make a list of family members (with phone numbers) who are supportive and who you feel you can talk to when under stress.
- 5. **Contact mental health professionals or agencies:** List names, numbers and/or locations of clinicians, local emergency rooms, crisis hotlines carry the Lifeline number 1-800-273-8255, DMH ACCESS CRISIS LINE 800-854-7771
- 6. **Ensure your environment is safe:** Have you thought of ways in which you might harm yourself? Work with your counselor to develop a plan to limit your access to these means.*

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Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:		
1		
3		
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):		
3		
Step 3: People and social settings that provide distraction:		
1. Name		Phone
2. Name		Phone
3. Place_	4.	Place
Step 4: People whom I can ask for help:		
1. Name		Phone
2. Name		Phone
3. Name		Phone
Step 5: Professionals or agencies I can contact during a crisis:		
1 Clinici	an Name	Phone
Clinician Pager or Emergency Contact #		
		Phone_
Clinician Pager or Emergency Contact #		
Local Urgent Care Services		
Urgent Care Services Address		
Urgent Care Services Phone		
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)*Call DMH ACCESS CRISIS LINE 800-854-7771		
Step 6: Making the environment safe:		
1		
2.		
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The one thing that is most important to me and worth living for is: